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CENTRAL FAX CENTER**DEC 04 2008****Tel. (416) 595-1155 • Fax (416) 595-1163****DATE: December 4, 2008****Your Ref: Application No. 09/845,497****Our Ref: 9577-25 LAB/KAM**

TO:	FAX #	PHONE #
Examiner Alton N. Pryor United States Patent and Trademark Office	571 273 8300	571 272 0621

Total Number of Pages (Including This Page): 21**FROM: Lola A. Bartoszewicz / (416) 849-8420****COMMENTS:****In re Application No. 09/845,497****Applicants: Amina Odidi and Isa Odidi****Filed: May 1, 2001****For: Extended Release Pharmaceuticals****URGENT****Group Art Unit: 1616****Examiner: Alton Pryor****Docket No.: 9577-25 LAB**

Please find attached the following documents with respect to the above-identified patent application:

1. Request for Continued Examination Transmittal;
2. Petition for Extension of Time;
3. Fee Transmittal;
4. Amendment and Response; and
5. Declaration.

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PTO/SB/17 (10-08)

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2009☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 405.00

Complete if Known

Application Number	09/845,497
Filing Date	05/01/2001
First Named Inventor	ODIDI, Amlina
Examiner Name	Pryor, Alton
Art Unit	1616
Attorney Docket No.	9577-25 LAB

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)	Small Entity Fee (\$)
52	26

Each independent claim over 3 (including Reissues)

220	110
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Multiple dependent claims

390	195
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Total Claims	Extra Claims	Fee (\$)	Fees Paid (\$)
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- 20 or HP = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fees Paid (\$)
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- 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fees Paid (\$)
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- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Request for Continued Examination

Fees Paid (\$)

405.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 43394	Telephone 416 849 8420
Name (Print/Type)	Lilia A. Bartoszewicz		Date December 4, 2008

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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